12. EMS Stakeholders Group Recommendations

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EMS Stakeholders' Group Webpage:
http://doh.sd.gov/providers/ruralhealth/EMS/StakeholdersGroup.aspx

EMS STAKEHOLDERS' GROUP

2015

SOUTH DAKOTA DEPARTMENT OF HEALTH

BACKGROUND

For many South Dakotas, healthcare begins with EMS, transitioning from EMS through tertiary care. The current mission of the Department is to "promote, protect, and improve the health and well-being of all South Dakotans". Often times, local ambulance services initiate entry into the healthcare system by providing a valuable service to the citizens of South Dakota.

EMS is a vital component of the healthcare system in South Dakota. Out-of-hospital emergency medical services are provided by 123 local ground ambulance service agencies scattered across the state. These independent agencies and their personnel are licensed, certified and regulated by the state. In recent years, many of South Dakota's rural EMS agencies have faced challenges related to staffing, increasing demands and changes in rural socioeconomics, demographics and healthcare.

In January, Governor Daugaard filed Executive Reorganization Order No. 2015-01 which moved the Office of Emergency Medical Services (EMS) from the Department of Public Safety to the Department of Health. In order to begin to address challenges being faced by the EMS industry, the Department of Health formed a stakeholders' workgroup to study the current EMS system. This workgroup consisted of representatives from the EMS industry, state legislature, related associations, hospitals, local government, etc. The group met four times over the course of the summer of 2015 with the following goal:

> *To provide recommendations to the Department of Health on EMS sustainability and ensuring access to quality EMS in South Dakota, particularly in rural South Dakota, by identifying key issues and suggesting strategies.*

The group's final recommendations were categorized into four main topic areas: Workforce, Quality, Sustainability, and Infrastructure.

1. WORKFORCE

One of the most pressing issues facing the EMS industry today is sustaining a qualified workforce. In South Dakota, nearly 85% of EMS personnel are volunteer in nature. Similarly, seventy five percent of EMS agencies also operate in this manner. Recommendations recognize the need to assist EMS in recruiting and retaining workforce.

Recommendation A: Change the minimum staffing requirement for an ambulance from two EMTs to one EMT and a driver and eliminate the hardship exemption.

A driver must have a valid South Dakota driver license and within one year* complete the state-approved EVOC course and healthcare provider CPR training and demonstrate competency in:

- HIPAA awareness;
- Infection control;
- Patient movement; and
- Equipment and communication systems knowledge.

**Timeframe warrants additional discussion.*

NEXT STEPS	TARGET COMPLETION	RESPONSIBLE ENTITY	STATUS
• Prepare Action Issue Form	September, 2015	DOH	Completed
• Establish work group to assist in development of driver competencies	December, 2015	DOH	Completed

• Schedule meetings with workgroup
  • Meetings scheduled through February, 2016
  • First meeting held 12/22/15
	April, 2016
	
	December 22, 2015
		DOH	Completed
			
			Completed

• Determine driver competencies	April, 2016	DOH	In progress
• Explore changes to current EVOC training	April, 2016	DOH	In progress

Recommendation B: Support the development and implementation of programs, activities, and efforts to encourage and support EMS workforce development (including recruitment and retention) across South Dakota with an eye toward future needs.			
NEXT STEPS	**TARGET COMPLETION**	**RESPONSIBLE ENTITY**	**STATUS**
• Explore the addition of "Ambulance Services" as an eligible facility in the RHFRAP program.	October, 2015	DOH	Completed

• Initiate the Administrative Rules process
  • Administrative Rules Hearing
  • Interim Rules Hearing
  • Rules promulgated
	October, 2015
	November 23, 2015
	December 14, 2015
	January 4, 2016
		DOH	Completed
			Completed
			Completed
			Completed

• Explore other states' EMR workforce	April, 2016	DOH	In progress

2. QUALITY

In order to ensure South Dakota has effective, efficient ambulance services, the stakeholders' group recognizes the need for quality measures in EMS agencies. The following recommendations address this need:

Recommendation A: Support the development, education and continuing support of local EMS leaders across South Dakota through leadership and management education and training.			
NEXT STEPS	TARGET COMPLETION	RESPONSIBLE ENTITY	STATUS
• Evaluate leadership training to date and explore options for additional opportunities utilizing existing funding.	Internal meeting set for December	DOH	Completed
• Establish small workgroup to develop leadership training needs and support for sustaining training opportunities. (See recommendations 4A/3A)	April, 2016	DOH	Completed
• Schedule workgroup meetings	April, 2016	DOH	In progress
Recommendation B: Study the need for and effectiveness of the state's system for local, regional, and state-level medical direction and medical leadership.			
NEXT STEPS	TARGET COMPLETION	RESPONSIBLE ENTITY	STATUS
• Explore models/duties of other states' medical directors.	August, 2016	DOH	In progress
• Identify funding for medical director	August, 2016	DOH	In progress
• Establish duties for a medical director	August, 2016	DOH	In progress
Recommendation C: Explore how to most effectively meet the growing demand for interfacility transfers across the state with the goal of meeting needs and ensuring access to quality EMS care.			
NEXT STEPS	TARGET COMPLETION	RESPONSIBLE PARTY	STATUS
• See Recommendation 1A			
• Develop evaluation mechanism to determine impact of change in minimum staffing requirements	May, 2016	DOH	In progress

Recommendation D: Evaluate the role of the EMS program and BMOE in EMS education/continuing education with a goal toward efficiently using resources in the EMS program.			
NEXT STEPS	**TARGET COMPLETION**	**RESPONSIBLE PARTY**	**STATUS**
• Hold initial meeting between EMS and BMOE	September, 2015	DOH/BMOE	Completed
• Hold regular meetings between EMS and BMOE. Discussion topics to include: ○ Roles & responsibilities of EMS/BMOE regarding educational opportunities ○ Central points of contact ○ Future opportunities ○ Challenges	Next meeting: January 5, 2016	DOH/BMOE	Ongoing
• Establish central point of contact between EMS/BMOE	November, 2015	DOH	Completed
• Establish central point of contact between EMS/NREMT	January, 2016	DOH	In progress
• Align staff resources in EMS to support implementation of EMS recommendations	April, 2016	DOH	In progress
• Modify CE training opportunities provided by NHTSA funding to ensure sustainable training	September, 2016	DOH	In progress
• Explore changes to current EVOC training	April, 2016	DOH	In progress
• Establish roles and responsibilities for ALS testing	August, 2016	DOH/BMOE	In progress

3. SUSTAINABILITY

Ambulance services across South Dakota are facing a variety of challenges ranging from recruitment and retention of staff, funding, leadership, etc. In an effort to assist services in addressing these issues, the stakeholders recommended the following:

Recommendation A: Develop the capacity to provide communities with assistance in transitioning from unsustainable to sustainable EMS models. This assistance should include:

- Assessing sustainability;
- Evaluating the full costs of providing EMS;
- Exploring various EMS delivery models that may fit the community's unique needs, desires and resources;
- Facilitating community discussions around matching needs with resources; and
- Guiding and coaching through the transitional process.

NEXT STEPS	TARGET COMPLETION	RESPONSIBLE ENTITY	STATUS
• Establish small workgroup to determine EMS sustainability needs to include (see recommendations 2A/4A): ○ Leadership training needs ○ Sustainable training opportunities.	April, 2016	DOH	In progress
• Align staff resources in EMS to support implementation of EMS recommendations	April, 2016	DOH	In progress
• Inspect ambulance services to ensure compliance with current regulations	Ongoing	DOH	Ongoing

4. INFRASTRUCTURE

In order to continue to move EMS forward in South Dakota, recommendations were made to help build an infrastructure within the Department of Health to facilitate these ongoing efforts.

Recommendation A: Seek regular input from EMS stakeholders to help lead the South Dakota EMS system.			
NEXT STEPS	**TARGET COMPLETION**	**RESPONSIBLE ENTITY**	**STATUS**
• Establish work group to assist in development of driver competencies	December, 2015	DOH	Completed
• Schedule meetings with workgroup • Meetings scheduled through February, 2016	April, 2016	DOH	Completed
• Determine driver competencies	April, 2016	DOH	In progress

• Establish small workgroup to determine EMS sustainability needs to include (see recommendations 2A/3A):
  ○ Leadership training needs
  ○ Sustainable training opportunities.
	April, 2016	DOH	In progress

Recommendation B: Conduct a review and update of South Dakota's statutes and rules that pertain to EMS.			
NEXT STEPS	**TARGET COMPLETION**	**RESPONSIBLE ENTITY**	**STATUS**
• Conduct an internal review of current statutes and rules	August, 2016	DOH	In progress
Recommendation C: Ensure a seamless experience for EMS providers and local agencies in dealing with service and personnel licensing and certification between the EMS program and BMOE.			
NEXT STEPS	**TARGET COMPLETION**	**RESPONSIBLE ENTITY**	**STATUS**
• Hold regular meetings between EMS and BMOE to enhance communications between both levels of regulation.	Next meeting: January 5, 2016	DOH/BMOE	Ongoing
• Address various certification software issues with BIT and software vendor	April, 2016	DOH	Ongoing